



# Bayview Lab Test Requisition Form

# 21A George Street, Belleville, St. Michael

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## 1. Patient Information

NATIONAL I.D./PASSPORT NO.		Citizen/Resident <input type="checkbox"/> CARICOM National <input type="checkbox"/> Int'l/Visitor <input type="checkbox"/>		
LAST NAME		FIRST NAME		
DOB (dd/mm/yyyy)		Age:	Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Telephone Number: Mobile  Home		Email Address:		
Address				

## 2. Requester

Location/Clinic		Ward		Date Sample Taken		Time	
Requester				Tel #			
Sample Type		Vaginal swab <input type="checkbox"/>		Urine <input type="checkbox"/>		Email	
		Whole blood <input type="checkbox"/>		Test requested		HPV HR <input type="checkbox"/> STI4 (CT/NG/MG/TV) <input type="checkbox"/>	
				Tropical Fever Panel <input type="checkbox"/>			
Reason for Testing (if applicable)							

## 3. Symptoms/Other information

<b>History</b>							
Previous Test		Date (dd/mm/yyyy)		Result		POS <input type="checkbox"/> NEG <input type="checkbox"/>	

## 4. Official Lab use

Payment Info		Date Rec'd In Lab		Time Rec'd In Lab		Lab ID/ Barcode	
Batch #							
Initials							